SUBMIT: COMPLETED APPLICATION, TAX Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

BAYFIELD COUNTY; WISHONS

Date Staffin (Received)

SEP 052014 SEP 052014

Refund:	Amount Paid:	Date:	Permit #:
	125 dex	9.23.14	14:0350/1
	-	8	. #

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

		Refund:	Bayfield Co. Zoning Dept.
474	125 da	Amount Paid:	(Received) SEP 052014
	9.23.11	Date:	D COUNTY OF WINDOWS
J	11-02001	Permit #:	ICATION FOR PERMIT
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	×				Special Use: (explain)	Speci	い 3 ま	g
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	×		*	**************************************	Accessory Building (specify)	_	Municipal Use	
	×			Annual Management Control of the Con	Addition/Alteration (specify)	_		
	×	- -	d		Mobile Home (manufactured date)	+		•
	×	_	cooking & food prep facilities)	sleening quarters, or	Bunkhouse w/ (□ sanitary or □	Bunk	T	
	×			rage	with Attached Garage		X Commercial Use	_ X Comn
	×)				with (2 nd) Deck		- Livering Control	
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remonenter was der formaner er de ut deuer de sanden der 18 a. d.	×				with (2 nd) Porch		T	
	×				with a Porch		Residential Use	Resido
	× ;			טומכא, פנכנ)	with Loft	Nesidence		
Administration of special spec	× ×			cture on property)		Princi		
Square Footage	Dimensions	Din		Proposed Structure	77		Proposed Use	Propo
16	Height:		0	5 6		-	Proposed Construction:	Proposed
16	Height:		Width: 25	Length: 36	Existing Structure: (if permit being applied for is relevant to it)	being applie	ructure: (if permit	Existing St
			□ None		######################################			
			☐ Compost Toilet		☐ Foundation	ly	Property	•
	ract)	ice conti		X		Run a Business on	□ Run a l	
	ulted (min 200 gallon)	Vauit			Ţ	Relocate (existing bldg)		
	Type: Conu	Specify	Sanitary (Exists)		2-Story	sion		000.01 \$
Xwell	Туре:	Specify Type:	☐ (New) Sanitary		<u>ر</u> ا ت	Addition/Alteration		
□ Ciŧv	000011991140000000000000000000000000000	STATE AND STATE		☐ Seasonal ☐ 1	1-Story	onstruction		Illaterial
Water	i of System ierty?	What Type of wer/Sanitary Syste is on the property?	# What Type of of Sewer/Sanitary System ls on the property?	Use	# of Stories and/or basement	Project		Value at Time of Completion * include donated time &
							reland	□ Non-Shoreland
Are Wetlands Present? XYes No	Is Property in Floodplain Zone? XYes	# #	Distance Structure is from Shoreline: fee Distance Structure is from Shoreline: fee		☐ Is Property/Land within 300 feet of River, Stream (incl. Interm Creek or Landward side of Floodplain? If yescontinue XIs Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	Landward s Landward s erty/Land w	l l	Shoreland
	Acreage	Lot Size	View Lots	Grand	N, Range 0 W	Iship 도	ion 34 , Township	Section
3		Subdivision:	Lot(s) No. Block(s) No. Subc	ge	Lot(s)	1/4 Edorods	_1/4,1/	
Page(s) 59	Recorded Document: (i.e. Property Ownership Wolume	ume	05-007-1000	04-021-2-44-06-34-4	atement)	cription: (L	-	PROJECT LOCATION
tached Yes X No	Attached	, <u> </u>	State of the state	13		TELLION	7)	I es a
Plumber Phone: N. D. W.	Plumbe	/7inl	Plumber:	one:		A	Seff	Contractor:
				-			Same	35
794-2113 Phone:	Cell	FINE	Missionary Pt DR, Cable, L	23380 Missionar's	5	operties	Mogasheen Property:	MOOC Address a
phone: 7/5	B.O.A. Tele	57 I	CONDITIONAL USE SPECIAL USE City/State/Zip: Superior Sup	Address:	JUSE SAN		AIT REQUESTE	Owner's Name
COCCOCCOCCOCCOCCOCCOCCOCCOCCOCCOCCOCCOC	8				S 5	L ALL PERMIT	CONSTRUCTION UNT	DO NOT START

whist sign $\overline{\mathrm{or}}$ letter(s) of authorization must accompany this application) Date Date 9-4-14

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) deciare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the follows of information.

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) nit ミロル く る のもしと

Owner(s): 🗡

(If there are Mu

Attach

Copy of Tax Statement

F you recently purchased the property send your Recorded Deed

must letter 2 If you rece H. Splicant - Please Complete Plot Plan on Reverse Side

Address to send permit

Same

Authorized Agent:

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duth. Tequeral

Legel: Bayfield Co., Grandview Top. owner: Sykes Family Trust PIN 04-021-2-44-06-34-4 05-007-10000 Henry, Patry Rieckhoff Mogasheen Resort S 34 T 44N R 06W Pt Gou Lot 7 , V. 267 P. 20 # 628 23380 Missionary Pt Dr Cable, W1 54821 12ac Parcel 715-794-2113 325' ± --storage Scale 1'=40' BM100, Storage Bldg Floor Rtside of door 211% B1. 99.9' 102 001 MB 2. 104.05 13 g/ 3, 99,95 2" Sch. 40 PVC 4. 104.45 Force mains (50' Aver) (4) 3'x80' cells e.7 .7 Soils Throughout Tr. 1,2 (Lower) 98.9' Tr 3,4 (upper) 100' ATU to be used A = Rasmussen 1.84.E pumpe off = 931 ± 1260 /760 Septic/ Maple. Septic Tank. +1260 Chamber to have a Studge Hammer S-86 Unit. B= Rasmussen 1260 Septic Tank w/ ¥ 94.9 41504 40 1200 S-86 Unit C= Rasmussen 760/1260 Settling Chamber / Pamp * Namakagon Lake ~ Note: This Cabin's Tank w/ Dupley existing system eroperly asjon pumpe. to Exit in Rice this date (1/19/12) To pada to Well 4500' New System MP# 221516 upon fillure. DEPC # 278280 11/19/12 8 0611

/. C Present? Are Wetlands in Zone? Present?	Is Property in Floodplain Zone?	oreline :	Distance Structure is from Shoreline :	nce Structur	=	tream (Incl. Intermittent)	er, Stream (Is Property/Land within 300 feet of River, Stream (incl. Intermittent) reek or Landward side of Floodplain? If yes—continue—	, Township // N, Range // N,	☐ Is Prop	Section	<u>ح</u>
	ion:	Subdivision:	Block(s) No.	Lot(s) No.		Vol & Page	CSM	Gov't Lot Lot(s)		1/4	1/4,	***************************************
Document: (i.e. Property Ownership) S7 Page(s) 8 70		Recorded	104-021-3-44-06-32-3 05-003-05000 volume	305-0	6-32	0-11-C	PIN: (23 digits 04-0分しみ)	Tax Statement)	Legal Description: (Use Tax Statement)	Legal Des	PROJECT LOCATION	5.5
Written Authorization Attacher Yes No	1887	/State/Zip):	Agent Mailing Address (include City/State/Zip): P.O. Box 395, Cable, W	ailing Addres Box 39		663	Agent Phone	alf of Owner(s))	Authorized Agent: (Person Signer Application on behalf of Owner(s))	erson Signing	Scott King	Autho
Plumber Phone:					Plumber:	Contractor PHone: —543—6663	Contractor Phone	330	-	7. 2.	Contractor:	Contra
Cen Phone:		-		(88) '	27	Tyler WI 5482	City/State/Zip:	プ R.	Cysta	Ç	Address of Property:	Sign
812-99580011	3	5544 1455	Plym	14420 and son Play N. P	in PL	artse	14420 G		3	TT CS S	SAR	1 2
A. OTHER	в.о.∧	SPECIAL USE		CONDITIONAL USE	COND	□ PRIVY	☐ SANITARY [0.000	—► 🎉 LAND USE	EQUESTED	TYPE OF PERMIT REQUESTED ->	TYPE
		Refund:			Control of the Contro	vr.	APPLICANT.	INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.	INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN !	nits will be is e to: Bayfield UCTION UNTI	TIONS: No perr re made payabl START CONSTRI	NSTRUC hecks and NOT
\$175 6-17-14		Amount Paid:	A	Capper variety	3 3 3	UN 13 2014	Date Stamp (Received)			Washburn, WI 54891 (715) 373-6138	Washburn, WI (715) 373-6138	
4-0360		Permit #: Date:			OR PERMIT	APPLICATION FOR PERMIT	APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN	\ _	Depart.	ATEMENT AND FEE TO: Bayfield County Planning and Zoning Depart. PO Ray 58	STATEMENT AND FEE TO Bayfield County Planning and Zonin PO Roy 58	. *
	あ(76								SUBMIT: COMPLETED APPLICATION, TAX	APLETED APPI	SUBMIT: CON	e.

bedrooms 1 Munici 2 (New): 3 Sanitar Privy (F	Mand/or pasement Mathematical Seasonal Mat	ANNew Construction Addition/Alteration Conversion Relocate (existing bidg) Run a Business on	ĝo
Of #	# of Stories Use	Project	of Completion * include
# What Type of	· · · · · · · · · · · · · · · · · · ·		Value at Time of Completion

XShoreland

A Is Property/Land within 1000 feet of Lake, Pond or Flowage

If yes---continue →▶

Distance Structure is from Shoreline :

Is Property in Floodplain Zone?

XYes

No

Are Wetlands
Present?

Pes

No

Proposed Use	•	Proposed Structure	Din	Dimensions	Square Footage
		Principal Structure (first structure on property)	^	× 	
		Residence (i.e. cabin, hunting shack, etc.)		× 	
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	with Loft		×)	
X Residential Use		with a Porch	_	×	***************************************
		with (2 nd) Porch	(×)	
		with a Deck	^	×)	
		with (2 nd) Deck	_	×	
Commercial Use		with Attached Garage)	x)	
		Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities))	×)	
		Mobile Home (manufactured date))	(X	
_		Addition/Alteration (specify)	_	×	
□ Municipal Use	X	Accessory Building (specify) aqrade	18	(0/2 ×	126
		Accessory Building Addition/Alteration (specify)	(x ' }	
		Special Use: (explain)	_	×)	
		Conditional Use: (explain))	x)	
		Other: (explain))	X)	

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

[[we] declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete, i (we) acknowledge that I (we) am (are) providing has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete, i (we) acknowledge that I (we) am (are) providing and that it will be relied upon by **Bayfield County** in determining whether to issue a permit. I (we) further accept liability which may be a result of **Bayfield County** relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Address to send permit Sut Ring PO. Box 395 Calle 11) I SURVE	(If you are signing on behalf of the owner(s) a letter of setting ization must accompany this application	Authorized Agent:	(If there are Multiple Owners listed on the Deed All Owners must sign of le	Owner(s):
395 Call-11) I GUYS	or surno lization must accompany this application)	7	If letter(s) of authorization must accompany this application)	

Date 6-12-7

Date

System Copy of Tax Statement Copy of Tax Statement If you recently purchased the property send your Recorded Deed

Address to send permit

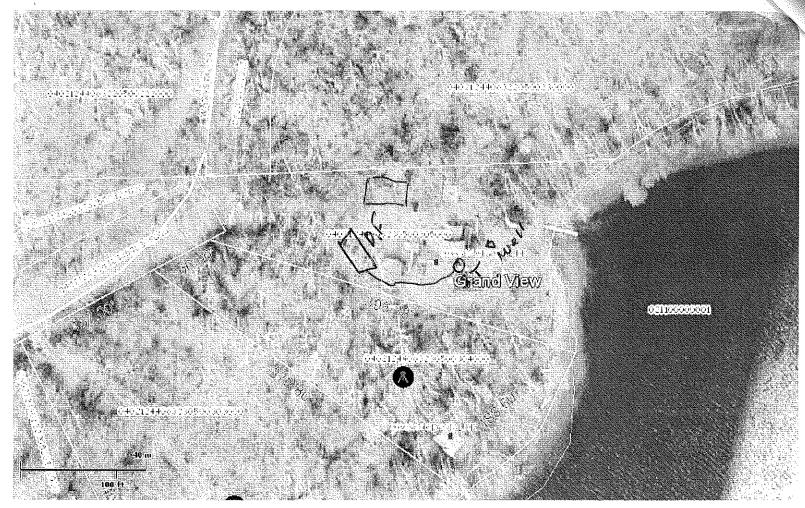
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385, Cally WI

ner(s) a letter Box

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Hold For Sanitary:	Signature of Inspectory	May 1	Condition(s):Town, Com	호 1	Inspection Record: $U_{2}M \leq \mathcal{I}$	Was Parcel Legally Created Was Proposed Building Site Delineated	Granted by Variance (B.O.A.) ☐ Yes XNo	Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	Permit#:	Permit Denied (Date):	NOTICE: All Lar For The Construction Of For The Construction Of Students of County Use	r to the placemen previously survey ked by a licensed s	Setback to Septic Tank or Holding Tank Setback to Drain Field Setback to Privy (Portable, Composting) Prior to the placement or construction of a structure with other previously surveyed corner or marked by a licensed	Setback from the West Lot Line Setback from the East Lot Line	tback from t	tback from the		Please compl		(1) (2) (3) (6) (6) (7)
	pector:////	Mother tree	86	on: 8-19-14	stable	as Parcel Lega Building Site	ance (B.O.A.)	Is Parcel a Sub-Standard Lot arcel in Common Ownership Is Structure Non-Conforming	1-0360	Date):	For The Co	t or construction c ed corner to the o surveyor at the ow	in Field in Field y (Portable, (t or construction or syed corner or man	ne West Lot I	ne North Lot	the Centerline the Establishe	Description	lete (1) - (7) Setbacks	Nete (1) (7)	Show Location of: Show Location of: Show Location of (Show: Show: Show: Show: Show: Show: Show: Show: Show any (*): Show any (*):
Hold For TBA:	cha	No-ph	mmittee or Board o)	M	lly Created Delineated	Case #:	Lot			OTICE: All La onstruction O	of a structure mon ther previously su mer's expense.	Tank or Holding Tank Field Portable, Composting) construction of a structure with tearner or marked by a licensed	Line lou	Line	Centerline of Platted Roa Established Right-of-Way	ion) above (pri	above (pri	Show Location of: Show Location of: Show / Indicate: Show Location of (*): Show: Show: Show: Show: Show any (*): Show any (*):
or TBA:	Tout	in the	onditions Atta		Is the	XYes □ No		(Deed of Record)(Fused/Contiguous Lot(s))			nd Use Perm f New One & The local To	e than ten (10) fee rveyed corner, or	(g) (g) (ithin ten (10) feet of the m	Lake		Road Way		complete (1) – (7) above (prior to continuing)(8) Setbacks: (measured to the closest point)	Se to continui	Property.() Proposed North (N (*) Drive All Existin (*) Well (*) Lake; (*) Wetla
_	the	Le son	_≼	Inspected by:	Del			d) uous Lot(s))	Permit Date:	Reason for Denial:	NOTICE: All Land Use Permits Expire One (1) Year from For The Construction Of New One & Two Family Dwelling: ALL N The local Town, Village, City, State of F mation (County, Use Only) Sanitary Number:	t but less than thi	the minimum required wher's expense.	NA NA NA	40+	160+	Measurement	ng) est point)		operty (regardless of w Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Fro All Existing Structures of (*) Well (W); (*) Septic (*) Lake; (*) River; (*) Sion (*) Wetlands; or (*) Slo
Hold For Affidavit:		igture	So Jif No	by: ////	backs			X No	6.9 8.0	Denial:	(1) Year from welling: ALL Dity, State or I	rty (30) feet from . Repartment by use	Feet Feet Feet Feet wired setback, the		Feet	Feet	ement		achment	what you are on Frontage Ros s on your Pro ic Tank (ST); Stream/Cre lopes over 2
avit:		in the	orthey need to	1		Were Property Lines	Previously Granted by 口 Yes 其 No	Mitigation Required Mitigation Attached	7-14		the Date of Issuance if Construction or Use has not b Municipalities Are Required To Enforce The Uniform Cederal agencies may also require permits. # of bedrooms: Se	he minimum requi	Setback to Well	20% Slop Elevation	Setback fi	Setback fi Setback fi				(1) Show Location of: (2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*): (*) Draw or Sketch your Property (regardless of what you are applying for) Proposed Construction (A) Proposed Construction (A) Proposed Construction (A) Proposed Construction (*) Proposed Construction (*) Proposed Construction (*) Frontage Road (Name Frontage Road) (A) Show: (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%
Holo		stucture	hyprached.)			erty Lines R W			-		suance if Cor Are Required as may also r	red setback, the	which the setba	od on	Setback from the Bank	from the Lak		Change		ntage Road)
Hold For Fees:		tere	*			Represented by Owner Was Property Surveyed	Variance (B.O.A.)	□Yes X No			Construction or life To Enforce or life To Enforce lso require permisor require permisor of bedrooms:	boundary line fro	Setback to Well	property lain	or Bluff	ordinary Stream,	Description	Changes in plans must be approv		olding Tank
			undo		7		Case		_		Use has not The Uniform its.	om which the set	ured must be vi			high-water Creek		ust be appro		(HT) and/o
X Cell	1 m 1		Menhine	Date of Re-Inspection:	Zoning District Lakes Classificat	XYes		Affidavit Required Affidavit Attached			NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits. **The Instance of County** Issuance if Construction or Use has not begun. **The Uniform Dwelling Code.** The local Town, Village, City, State or Federal agencies may also require permits. **The County** Use Only** Sanitary Date: 1988, 1989, 1	Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.	sible from one previo			mark)				r (*) Privy (P)
11 740			ine in	ection:	[7] [7]			□ Yes □ Yes			egun. welling Code. mitary Date:	structure, or must	1007 Fee	res/U/A	MIN.		Measurement	ed by the Planning & Zoning Dept.		
deed	14					8 8 0		No No				le from t be	Feet ner to the	No Feet	Feet	Feet	ent	B Depu		** w

Bayfield County, WI



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47180 INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. \Box Existing Structure: (if pe Proposed Construction: □ Non-Shoreland of Completion Authorized Agent: Value at Time donated time & Rec'd for Issuance 18 Jan 18 Shoreland Owner(s): (If there a SEP 29 2014 PROJECT LOCATION Authorized Agent: 🖊 I (we) declare that this application (including any am lare) responsible for the detail and accuracy may be a result of Bayfield County relying on the above described property of any reasonable time Secretarial Staf Residential Use Commercial Use Municipal Use material Proposed Use include Section _ 20 20 20 SUBMIT: COMPLETED APPLICATION, TAX Washburn, WI 54891 (715) 373-6138 PO Box 58 Bayfield County //L/L Planning and Zoning Depart TWIN 1/4, are Multi PK, 29900'N + 12000 600 New Construction Conversion (What are (If permit being applied for is relevant to it) tion: らみゃれると χ is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue Legal Description: (Use Tax Statement) ☐ Is Property/Land within 300 feet of River, Stream (incl. Creek or Landward side of Floodplain? If yes---con Places Property Run a Business on Addition/Alteration FALMER 47180 Project ire you applying for) < Ø. are signing on behalf of the Residence (i.e. cabin, hunting shack, etc.) Other: (explain) Mobile Home (manufactured date) Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities) Principal Structure (first structure on property) Conditional Use: (explain) Special Use: (explain) Accessory Building Addition/Alteration (specify) Accessory Building Addition/Alteration FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES by accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) y of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which this afformation I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which this afformation I (we) am (are) providing and that it will be relied upon by Bayfield County officials charged with administering county ordinances to have access to the on behalf of Owner(s)) the Deed All Owners must sign or letter(s) of fall information I (we) am (are) providing sufformation I (we) am (are) providing of the purpose of inspection. TWIN D X 1-Story and/or basement with a Porch with (2nd) Porch with Attached Garage with a Deck with (2nd) Deck with Loft 715 7115 No Basement Basement 2-Story 1-Story + Loft # of Stories Foundation 1.45 (specify) (specify) er(s) a letter of authorization BAYFIELD COUNTY, WISCONSIN \mathcal{O} Date Stamp (Received) 794 Mailing Address: APPLICATION FOR PERMIT Agent Phone: Contractor Phone: ٤ 4000 0 10 delis) FINE Proposed Structure M. Bayfield Co. Length: Length: ABLE -34791 Ori (ind. Intermittent) Year Round Seasonal May Supply A SEP いくれるのか PRIVY Vol & Pa FLANES Use 052014 RAND VIEW MBLE 10-50 h-62-33-44 Zoning Dept. ☐ CONDITIONAL USE City/State/Zip HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp) Plun Agent Mailing Address (include City/State/Zip): None Distance Structure is from Shoreline: Distance Structure is from Shoreline : 12 bedrooms W N Lot(s) No. <u>약</u> ccompany this application) CABLE this Width: Width: application) Sanitary (Exists)
Privy (Pit) or Municipal/City (New) Sanitary Block(s) No. If you recently purch 12 B 21 Compost Toilet Portable (w/service contract) ☐ SPECIAL USE Sewer/Sanitary System Refund: Permit #: WI Amount Paid زر زو Is on the property? Recorded Document: Volume What Type of Lot Size Subdivision feet Specify Type: SEP 7/C
Vaulted (min 200 gallon) Specify Type: 34× スタかん Attach
Copy of Tax Statement V
the property send your Recorder Date Date **Dimensions** 中8年 Is Property in loodplain Zone? B.O.A. × \times × Height: Height: <u>O</u> 200

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X Well

City

Water

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Footage

9-09-1

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nt: (i.e. Property

.e. Property Ownershi

TANGE ON THE

Are Wetlands

Attached

X No OO

Plumber Phone:

715-748-5436

ielephone

OTHER

Cell Phone:

N

0

Address to send permit

Setback to Septic Tank or Holding Tank 2.0 Feet Setback to Septic Tank or Holding Tank 2.0 Feet Setback to Septic Tank or Holding Tank 2.0 Feet Setback to Drain Field Setback to Dr	Setbacks: (measured to the Setablished Right-of-Way)	(2) Show / Indicate: North (N) on Plot Plan (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road) (4) Show: All Existing Structures on your Property (5) Show: (*) Well (V); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%
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